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ABSTRACT

Munchausen Syndrome by Proxy (MSBP) is characterized by a significant caretaker, usually a mother, deliberately inducing and/or falsely reporting illness in a child. The potentially fatal outcome of undetected MSBP makes the understanding of this syndrome gravely important. Early detection and effective intervention can be accomplished through the continued education of all professionals working with the families of chronically ill children. Psychological testing alone has generally been ineffective in detecting this disorder, so clinicians must review the medical records, corroborate the patient's history, and consult with other professionals involved in the case. Some indicators for identifying these cases include a child who has a persistent, unexplained illness, inconsistent physical or laboratory findings, symptoms that occur only in the mother's presence, or the child's medical history cannot be substantiated. Treatment involves intensive, individual psychotherapy for the identified patient as well as marital and family therapy, making sure to include the siblings of the victim. Therapy must follow through several stages where trust is established before the abuses may be addressed. Patients must come to understand the cognitive distortions and emotional dissociation which allowed them to engage in the abusive behavior toward their child. (RJM)

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MUNCHAUSEN SYNDROME BY PROXY: EVALUATION AND TREATMENT

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Munchausen Syndrome By Proxy: Evaluation and Treatment

Munchausen Syndrome by Proxy is a little known disorder characterized by a significant caretaker, usually a mother, deliberately inducing and/or falsely reporting illness in a child. This form of abuse can lead to physical and/or psychological damage to the victim either due to the direct actions of the parent or as the result of intrusive medical procedures performed by doctors to diagnose the child's suspected illness. The mother's behaviors cover a range from fabricating symptoms to actually creating illness in their child by such life threatening actions as suffocation, poisoning, choking, or injection of substances. These behaviors occur in spite of what appears to be a devoted, superb mother. The syndrome was first described by Meadow in 1977 when he identified two cases in which mothers were alleged to have caused their children innumerable hospital procedures as a result of falsification of information and inducing symptoms. Since Meadow's identification of this syndrome, reports of case studies have gradually entered the professional literature, along with speculation that Munchausen Syndrome by Proxy may be a more common but frequently unrecognized disorder.

Identification of individuals with Munchausen Syndrome by Proxy has been difficult at best, perhaps, due to the attentiveness displayed to their ill child, their cooperation with hospital staff, and the obviously valid medical tradition of accepting patient-reported histories and investigating fully patient complaints. In spite of detection difficulties, a developing awareness and understanding of the syndrome is resulting in cases being more frequently identified. Unfortunately, even if cases are identified, most professionals are ill-equipped to deal with Munchausen Syndrome by Proxy patients (Kaufman & Coury, 1989). Research studies that do exist are case studies or groupings of cases in which inconsistent data was gathered (see Rosenberg, 1987). In most of the reported cases, the perpetrator minimized or denied the allegations. Therefore, little or no information has been available on the evaluation or psychological treatment of these individuals (Schreier & Libow, 1993).

The potentially fatal outcome of undetected Munchausen Syndrome by Proxy makes the understanding of this syndrome gravely important. Early detection and effective intervention can only be accomplished through the continued education of all professionals working with the families of chronic medically-ill children. The material for this workshop comes from the limited literature available and an actual clinical sample of patients in private practice. Within this sample are patients who have acknowledged inducing illness in their children and have participated in treatment.

Psychologists may first be asked to participate in Munchausen Syndrome by Proxy cases during the investigative phase via the preparation of psychological evaluations. These evaluations may potentially include the alleged perpetrator, the perpetrator's spouse, the victim, and the victim's siblings. Psychological testing can be used for identification, assessment of treatment issues, and to monitor treatment progress. However, psychological testing has generally been ineffective in detecting this disorder when used in isolation. Clinicians must review the medical records, corroborate history information, and consult with the other professionals involved in the case.

Some guidelines have emerged for identifying these cases which have general agreement within the literature (see Meadow, 1982; Rosenberg, 1987; Schreier & Libow, 1993). The possibility of fabrication needs to be considered when 1) the child has a persistent, recurrent illness which cannot be explained, 2) physical or laboratory findings are inconsistent, 3) the symptoms occur only in the presence of the mother, 4) the child's medical history cannot be substantiated, 5) unexplained illness or death in a sibling of the victim, 6) a mother who refuses to leave the child, is overly involved with hospital staff or other families with ill children, is unusually calm in the face of medical crises, and may have a history within the medical field, 7) the child has reports of common symptoms in these cases including bleeding, seizures, unconsciousness, apnea, diarrhea, vomiting, fever, and lethargy.

The treatment of Munchausen Syndrome by Proxy is complicated by medical, economic, legal, and psychological factors. Treatment involves intensive individual psychotherapy for the identified patient as well as marital and family therapy. Siblings of the victim also cannot be ignored in this process and are found to be an integral part of the dysfunctional system. Multiple therapists are beneficial in order to best manage the requirements of a multi-modality approach. The therapist must have a strong understanding of family systems, be prepared to deal with childhood histories of sexual, physical, and emotional abuse, and be attuned to the possibility of abuse existing within the marital relationship. Little information has been provided in the research literature regarding treatment with the Munchausen Syndrome by Proxy patient and/or family. This may be due in large part to a lack of acknowledgement by perpetrators and, therefore, no opportunity for follow-up treatment.

The therapeutic process with the identified patient of Munchausen Syndrome by Proxy is particularly difficult because of the early violation of trust they have experienced in multiple relationships. Early treatment focuses, not on uncovering material, but establishing a therapeutic bond. Issues of concern

to the clinician in the early phases of treatment include the defensive structure of the patient and family, disclosure to the perpetrator's spouse, establishing a framework for treatment, and agreeing upon communication guidelines between therapists.

The middle stages of therapy are characterized by the emergence of traumatic memories along with overwhelming depression resulting in the need for intensive and frequent contact with the patient. Maintaining appropriate therapeutic boundaries must be balanced with the need to provide safeguards for the patient. The family is a closed system often characteristic of an incest family. As a result, other family members, such as the spouse, may attempt to control their disintegrating family. This middle phase of treatment may, in fact, include the dissolution of the family system, resulting in increasing isolation of the perpetrator.

The later phases of treatment involve a reformation of the patient's identity. This will be the end-stage for the grief work done around any early abuses uncovered and/or a divorce if it has occurred. Vocational goals will be in place, appropriate social relationships will be initiated, and there will be remission of previous psychological distress. Family of origin and current marital/family dynamics must be clearly understood. The patient must understand the cognitive distortions and emotional dissociation which allowed them to engage in the abusive behavior toward their child. Patients who have suffered from MSBP can be expected to remain in treatment for several years.

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